

Town of Buckeye

Type or Print Clearly

Date: _____

Vendor Registration Application

Complete this form only if one of the following conditions exist. Applicant Firm:

1. Has been awarded the following BID # _____ for _____.
2. Has been awarded the following RFP # _____ for _____.
3. Has been awarded a contract with the Town of Buckeye for _____.
4. Has been contacted by (employee name) _____
and requested to provide materials/ supplies/ equipment/ services (circle as appropriate) for the
_____ Department.

Legal Name of Firm: _____

Address _____

City: _____ State: _____ Zip: _____

Representative: _____ Cell # _____

Contact Information: Tel. # _____ Fax # _____

Company Web Site: _____ Email address: _____

How long in present business? ____ (years) How long at present address? ____ (years)

Is this a home based business? ____ Yes ____ No Business Sales Tax Rate ____ %

AZ Tax number: _____ Date business was established: _____

“DBA” – “Doing Business As” – (if applicable): _____

If Division or Subsidiary list Parent Company: _____

Federal Tax Identification Number or Social Security Number: _____

Important: A completed, W-9 form must be returned with this application.

Confirmation - Our Firm:

Accepts: Purchasing Cards ☐ Yes ☐ No; Purchase Orders ☐ Yes ☐ No

Assures the P.O. # will appear on the invoice and shipping documents ☐ Yes ☐ No

Ships FOB Destination as requested by the Town of Buckeye ☐ Yes ☐ No

Does not have a minimum order quantity restriction ☐ Yes ☐ No

Category of Business check one): Retailer ☐ Wholesaler ☐ Distributor ☐ Service Firm ☐

Manufacturer ☐ Dealer ☐ Broker ☐ Individual ☐ Other (specify):

Provide a brief description of the primary area(s) / type of work performed and/or your firm's product lines or service(s) you will be using to complete the awarded project or task.

Specific Remittance Location (if different than address above):

Address _____

City: _____ State: _____ Zip: _____

ATTENTION: _____

List major manufacturers represented:

1. _____
2. _____
3. _____

Ownership Status: (check only one):

___ Individual ___ Partnership ___ Corporation ___ Limited Liability Corp.

State of Incorporation _____ ___ Non-profit

Person(s) authorized to sign bids, offers and contracts in your name (print)

1. _____ / Title: _____

2. _____ / Title: _____

List all professional or specialty licenses held:

License Type	Number	Registered Party	Issuing Agency
1. _____	_____	_____	_____
2. _____	_____	_____	_____

List the primary commodity code(s) (from the Town code list) appropriate to the products or services provided by your organization.

Minority Business Certification Information:

____ Minority Owned

____ Women Owned

____ Disadvantaged

Certified by: (Agency Name & date): _____

Conflict of Interest:

Complete section A or B below:

(A) As a potential vendor of the Town of Buckeye, I _____
certify that I am not an employee of the Town of Buckeye and that to the best of my knowledge and belief,
neither myself nor others at my firm have a personal relationship with anyone which may be a potential
conflict of interest between my firm and any employee or agent of/for the Town of Buckeye.

(B) Check box if aware of a potential conflict of interest between you or your organization and an
employee or agent of the Town of Buckeye.

☐ **Potential Conflict of Interest** - explain potential conflict on separate sheet and attach to
submission.

List three references (preferably Arizona firms: addresses, contact persons and telephone numbers)

1. _____

2. _____

3. _____

**Have you done any previous business with the Town of Buckeye? If so, list dates, type of business,
areas worked and the Buckeye Department requesting the work:**

1. _____

2. _____

Signature: _____ Date: _____

Print or Type Name: _____

Position/Title: _____

By signing and submitting this application, I certify that all information is valid and correct as
entered.